

## **Virginia Medicaid Web Portal**

### **EDI**

#### **Frequently Asked Questions**

#### **Where can I go to get more information on what I need to do to send transactions to Virginia Medicaid?**

The latest information will always be on the Virginia Medicaid Web Site <https://www.viriniamedicaid.dmas.virginia.gov> . EDI information is located on the 'EDI Support' tab. Details on sending electronic claims to Virginia Medicaid are contained in the EDI Companion Guides with provider forms included in the appendix. If you have questions about electronic billing, call our Help Desk. For Help Desk information, click on the Contact Us link placed at the right corner of the Provider log in page.

#### **Does every provider have to test?**

All entities (clearinghouses, intermediaries, and software vendors) that submit X12 transactions to the Affiliated Computer Services (ACS) site are required to test and meet requirements through level 2. Once they have met this requirement any provider can submit transactions through one of these entities.

#### **Do we have to test all of our sites/providers if we only have 1 service center number?**

Virginia Medicaid is only testing service centers. Once a service center is approved and in production for a transaction, they can send that transaction for any provider number that is registered to them.

#### **Do service centers and software vendors have to be certified?**

All clearinghouses, intermediaries, and software vendors must certify through a third party to at least level 2.

#### **Is there a list of HIPAA compliant software vendors?**

ACS maintains a list of software vendors who are approved or in the process of getting approved for the ASC X12N transactions. This list is not to be construed as an endorsement, recommendation, or warranty of any kind by ACS or the Department of Medical Assistance Services (DMAS). It is a list of vendors who have asked to be added to ACS's Vendor List. This list does not imply compliance because part of compliance is data from the provider site. If this data is missing, then the transaction is not compliant. The software vendor will work with you to collect the necessary data so the transactions can be compliant. To request a faxed copy of the Vendor List call our Help Desk. For Help Desk information, click on the Contact Us link placed at the right corner of the Provider log in page.

**If I am a new provider, do I have to also enroll in EDI?**

Providers are not required to enroll in EDI if they don't plan to submit claims electronically.

**When there is an error, will the whole batch reject?**

If there is an error in the X12 envelope control information then the entire file will be rejected. If there is a compliance error then all claims within that ST-SE group will be rejected. If the ST-SE group processes through our compliance checker then claims will only be rejected by the MMIS on a claim-by-claim basis. A 997 acknowledgement will be returned for each transmission.

**Are Paper Claims still accepted?**

Yes, paper claims continue to be accepted. However, we strongly recommend electronic claim submission for improved cash flow and more accurate claims coming from your facility.

**Is Virginia Medicaid using the addendum version of the ASC X12N 4010?**

Yes. We are using the ASC X12N Version 4010A1, the version by HIPAA Final Rules.

**Can we submit attachments with Electronic Claims?**

Yes, the Attachment Control Number is found in the 2300 Loop Segment PWK Data Element PWK06. Formatting for this field can be found in the Virginia Medicaid Companion Guide for each transaction type. This same Attachment Control Number is then placed on the cover sheet for the attachment and sent to Virginia Medicaid.

**I am a new provider where do I find technical testing information on:**

- **FTP Connection Information and Testing Requirements.**
- **Testing Protocol and timeframes.**
- **Enrollment requirements.**

This information can be found on the Virginia Medicaid Web Site <https://www.viriniamedicaid.dmas.virginia.gov> . EDI information is located on the 'EDI Support' tab. Details on sending electronic claims to Virginia Medicaid are contained in the EDI Companion Guides with provider forms included in the appendix. If you have questions about electronic billing, call our Help Desk. For Help Desk information, click on the Contact Us link placed at the right corner of the Provider log in page.

**Is there a charge to submit Electronic Claims?**

No, there is no fee for submitting electronic claims for Virginia Medicaid claims.

**If we are a clearinghouse, can 835 Health Care Claim Payment/Remittance be set up so that each provider can receive their own remittance?**

No, the remittance advice (Transaction 835) can only be sent to a service center. As a clearinghouse, you have a service center number, the provider does not.

**Should Loop "2320" Segment "Amt" "Amt02" reflect only the payment amount or should it include the contractual amount?**

There are several AMT segments in Loop 2320. Assuming you are referring to Payer Prior Payment Amount (AMT01="C4"), AMT02 should be the total amount paid by the other payer.

**What should be placed in Loop 2300, Segment CNI, Data Element CN101?**

We do not expect to receive the CN1 Segment for claims. It is intended to be used by HMO's when submitting encounter data.

**We receive our Explanation of Benefits information electronically, do all new providers who begin practicing in our office need to be individually set up for our Electronic Remittance Advice?**

No, if all providers in your office are paid through your Group NPI#. Please do not fax the **EDI 103 - Provider Service Center Authorization** form.

Yes, if all providers in your office are paid with individual checks to their individual NPI#'s. Please fax the **EDI 103 - Provider Service Center Authorization** form with the individual NPI# listed.